

**The Maryland Health Care Decisions Act allows a relative or friend to make medical decisions for an incapacitated person. If you are the person's guardian, spouse, adult child, parent, or sibling, you may make health care decisions without signing any papers. If you are a friend or more distant relative, you should sign a statement such as this one.**

**SAMPLE STATEMENT OF RELATIVE OR FRIEND**

I, \_\_\_\_\_, of

\_\_\_\_\_ certify that I am a competent

adult. I have known the patient: \_\_\_\_\_

for \_\_\_\_\_ years. My relationship to the patient is \_\_\_\_\_.

I have had regular contact with the patient for \_\_\_\_\_ years and I am familiar with

his/her activities, health and personal beliefs as described below:

\_\_\_\_\_  
\_\_\_\_\_

Based on this information I am willing to make medical decisions for:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date